

FILED JUN 8 1944

Registration District No. 146

Primary Registration District No. 5568

State File No.

Registrar's No. 139

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Independence (Rural)
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Spring Branch Rd + Rodgers
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 1/2 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME

Walter Denis Payne

3. (b) If veteran,

name war none

3. (c) Social Security

86-10-7224

4. Sex male 5. Color or race white 6. (a) Single, widowed, married married
6. (b) Name of husband or wife Blair M. Payne 6. (c) Age of husband or wife if alive 34 years
7. Birth date of deceased July 17 - 1904
(Month) (Day) (Year)

8. AGE: Years 39 Months 10 Days 0 If less than one day hr. min.

9. Birthplace Higginsville Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Radio Inspector

11. Industry or business North American

12. Name Joseph S. Payne

13. Birthplace Higginsville Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Josephine Perkins

15. Birthplace Saline Co Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Elsie M. Payne

(b) Address Rt 3 - Box 164 - Indep Mo.

17. (a) Burial (b) Date thereof May 20 - 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Floral Hills

18. (a) Signature of funeral director George C. Carson

(b) Address Independence, Mo

19. (a) 5/19/44 (b) James R. Ross
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Independence (Rural)
(If outside city or town limits, write "RURAL")
(d) Street No. Spring Branch Rd + Rodgers
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country N

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 17 year 1944 hour minute M.

21. I hereby certify that I attended the deceased from _____ to _____, 19____;
that I last saw _____ on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Edema
Due to Causes unknown

Due to /// a
Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy See above

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work (Specify type of place) (e) Mean of injury 2
23. Signature A. E. Upsher (M. D. or D. V. M.)
23 May 1944 Date signed

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

JUL 10 1944

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed

Floyd C. Carson

Licensed Embalmer No. *4199*

P. O. Address *Independence*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.